

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission file #) 3871445		2 Total pages filed: 50 43	
3 CANDIDATE/ OFFICEHOLDER NAME	TITLE FIRST MI Mr. Carroll W.				OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX Schubert				
4 CANDIDATE/ OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 460455 San Antonio, TX 78246				Date Hand-delivered or Date Postmarked
	5 CAMPAIGN TREASURER NAME TITLE FIRST MI Mrs. Allison				Receipt # Amount
		NICKNAME LAST SUFFIX Greer		Date Processed	
				Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1723 Typhoon San Antonio, TX 78248				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 493-3430				
8 REPORTTYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FIR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 02 12 / 31 / 02				
10 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council District 9		12 OFFICESOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
	Name				
	Address PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

 RECEIVED
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COVER SHEET PG 2

14 C/OH NAME

Carroll W. Schubert

15 ACCOUNT #(Ethics Commission filers)

2003 JAN 15 P 12:50

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have *been made* without the candidate's or officeholder's knowledge *or consent*. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. -

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

...

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1.

TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$-0-

2.

TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$52,170.00

EXPENDITURE
TOTALS

3.

TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$-0-

4.

TOTAL POLITICAL EXPENDITURES

\$8,400.32

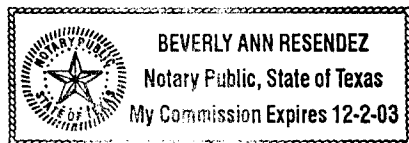
OUTSTANDING
LOAN TOTALS

5.

TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD\$
-0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CARROLL W. SCHUBERT, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

The instruction guide explains how to complete this form.

2003 JAN 15 12:50
Total pages: Schedule A1:

Page 1 of 27

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

10/26/2002

Full name of contributor

David Zachry

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

313 Cloverleaf San Antonio, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/12/2002

Full name of contributor

Hill Granados Retail Part.

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

10223 McAllister Frwy #200 San Antonio, TX 78216

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/17/2002

Full name of contributor

Louis Stumberg

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

832 Eventide San Antonio, TX 78209

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/18/2002

Full name of contributor

John Zachry

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 340130 San Antonio, TX 78224

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/17/2002

Full name of contributor

David Carter

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

708 El Prado Drive West San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK **SCHEDULE A1**

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 9/23/2002	Full name of contributor H. B. Zachry Contributor address; City; State; Zip Code 310 S. St. Mary's St. #2500 San Antonio, TX 78205	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
--------------------------	---	---	--	--

Principal occupation (Optional)

Employer (Optional)

Date 9/17/2002	Full name of contributor J.P. Zachry Contributor address; City; State; Zip Code 310 S. St. Mary's St. #2500 San Antonio, TX 78205	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
--------------------------	--	---	--	--

Principal occupation (Optional)

Employer (Optional)

Date 9/9/2002	Full name of contributor Clark Boddy Contributor address; City; State; Zip Code 156 Thelma Dr. San Antonio, TX 78212	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
-------------------------	---	---	---	--

Principal occupation (Optional)

Employer (Optional)

Date 9/17/2002	Full name of contributor D. D. Behrens Contributor address; City; State; Zip Code 142 E. Elsmere Place San Antonio, TX 78212	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
--------------------------	---	---	--	--

Principal occupation (Optional)

Employer (Optional)

Date 9/13/2002	Full name of contributor Jim Hayne Contributor address; City; State; Zip Code 110 Paseo Encinal San Antonio, TX 78212	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
--------------------------	--	---	--	--

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

9/18/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Murray Johnston, Jr.

Contributor address; City, State, Zip Code

306 Kennedy Avenue San Antonio, TX 78209

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/15/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Consulting Engineers Council of TX PAC

Contributor address; City, State, Zip Code

400 W. 15th St. #820 Austin, TX 78701

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Marmon Mok, L.L.P.

Contributor address; City, State, Zip Code

700 N. St. Mary's #1600 San Antonio, TX 78205

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/9/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ruben Escobedo

Contributor address; City, State, Zip Code

745 E. Mulberry #777 San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/30/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gene Canavan

Contributor address; City, State, Zip Code

8915 Datapoint #46-A San Antonio, TX 78230

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/8/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Diran Yegparian

Contributor address; City; State; Zip Code

25010 Flying Arrow San Antonio, TX 78258

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/12/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Dan Webster, III

Contributor address; City; State; Zip Code

305 Charles Road San Antonio, TX 78209

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/11/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Edith McAllister

Contributor address; City; State; Zip Code

203 Terrell Road San Antonio, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Donze Lopez

Contributor address; City; State; Zip Code

130 Funston Pl. San Antonio, TX 78212

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/8/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

David Spencer

Contributor address; City; State; Zip Code

26610 Harmony Hills San Antonio, TX 78258

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/7/2002

Full name of contributor

Wayne Harwell

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 17065 San Antonio, TX 78217

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/5/2002

Full name of contributor

Tom Pawel

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

123 Geneseo Road San Antonio, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Bernard Lifshutz

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

215 W. Travis St. San Antonio, TX 78205

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/2/2002

Full name of contributor

Steve DeWolf

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

8123 Forest Hills Blvd. Dallas, TX 75218

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/8/2002

Full name of contributor

Barbara Banker

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 29190 San Antonio, TX 78229

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/10/2002

Full name of contributor

Weir Labatt, III

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

136 W. Elsmere San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/5/2002

Full name of contributor

Mark Watson, III

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1010 Wyckham Rise San Antonio, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/8/2002

Full name of contributor

Metropolitan Contracting Company LTD

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

990 Isom Road San Antonio, TX 78216

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/9/2002

Full name of contributor

Robert Scott

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

700 N. St. Mary's #1400 San Antonio, TX 78205

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Ruth Kelleher Agather

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

300 W. French Place San Antonio, TX 78212

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

9/3/2002

Full name of contributor

Gary Blackie

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

600 Travis #6275 Houston, TX 77002

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/25/2002

Full name of contributor

Peter Holt

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2191 Little Blanco Road Blanco, TX 78606

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/9/2002

Full name of contributor

Associated General Contractors PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

10806 Gulfdale San Antonio, TX 78216

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/26/2002

Full name of contributor

Mike Dolan

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

9 Kendles Run Road Moorestown, NJ 8057

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/28/2002

Full name of contributor

Bart Koontz

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

829 Contour Drive San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/3/2002

Full name of contributor

Susan Poorman

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2319 Albans Houston, TX 77005

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/29/2002

Full name of contributor

Patricia Flynn

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

200 Bluffcove San Antonio, TX 78216

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/29/2002

Full name of contributor

Brad Galo

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

226 Country Lane San Antonio, TX 78209

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/19/2002

Full name of contributor

Arthur Emerson

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

415 E. Huisache San Antonio, TX 78212

Amount of
contribution (\$)

\$75.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/18/2002

Full name of contributor

Fay Schuelke

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

240 Oleander Corpus Christi, TX 78404

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/8/2002

Full name of contributor

Gene Dawson, Jr.

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

208 N. Tower Drive San Antonio, TX 78232

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/26/2002

Full name of contributor

Curtis Gunn, Jr.

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 598 San Antonio, TX 78292

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/23/2002

Full name of contributor

John Schaefer

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

8620 N. New Braunfels #400 San Antonio, TX 78217

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/29/2002

Full name of contributor

George Hixon

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

315 E. Commerce #300 San Antonio, TX 78205

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE A1**

The instruction guide explains how to complete this form.

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/22/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)**Jaimie & Allison Hayne**

Contributor address; City; State; Zip Code

110 E. Crockett San Antonio, TX 78205Amount of
contribution (\$)**\$250.00**In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/22/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)**William Ellis**

Contributor address; City; State; Zip Code

29234 Seabiscuit Fair Oaks Rnch, TX 78015Amount of
contribution (\$)**\$1,000.00**In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/26/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)**Charles Cheever, Jr.**

Contributor address; City; State; Zip Code

501 Terrell Road San Antonio, TX 78209Amount of
contribution (\$)**\$500.00**In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/11/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)**Davidson & Troilo Comm. For Civic Awareness**

Contributor address; City; State; Zip Code

7550 IH 10 West #800 San Antonio, TX 78229Amount of
contribution (\$)**\$500.00**In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/15/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)**Jack Rogers**

Contributor address; City; State; Zip Code

2 Enchanted Wood San Antonio, TX 78248Amount of
contribution (\$)**\$100.00**In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/10/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Martin, Drought & Torres

Contributor address; City; State; Zip Code

300 Convent St. #2500 San Antonio, TX 78205

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/11/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ernesto Ancira, Jr.

Contributor address; City; State; Zip Code

P.O. Box 29719 San Antonio, TX 78229

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/11/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mike Beldon

Contributor address; City; State; Zip Code

P.O. Box 13380 San Antonio, TX 78213

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/15/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Fulbright & Jaworski, Texas Committee

Contributor address; City; State; Zip Code

1301 McKinney #1500 Houston, TX 77010

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/12/2002

Full name of contributor

☐ out-of-state PAC (ID# _____)

Raba-Kistner PAC

Contributor address; City; State; Zip Code

P.O. Box 690287 San Antonio, TX 78269

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/10/2002

Full name of contributor

Red McCombs

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box BH003 San Antonio, TX 78201

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/11/2002

Full name of contributor

Ray Ince

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2233 NW Loop 410 San Antonio, TX 78230

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/15/2002

Full name of contributor

Gary Joeris

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1710 Hadbury Lane San Antonio, TX 78248

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/16/2002

Full name of contributor

James Allen

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1262 Phantom Valley San Antonio, TX 78232

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/16/2002

Full name of contributor

Lloyd Denton

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

7979 Broadway #101 San Antonio, TX 78209

Amount of
contribution (\$)

\$1,250.00

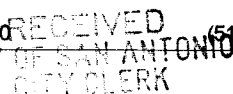
In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/17/2002

Full name of contributor

Gene Powell



out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

11 Lynn Batts Lane #100 San Antonio, TX 78217

Amount of
contribution (\$)

\$1,250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/17/2002

Full name of contributor

Gordon Hartman



out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1175 W. Bitters Rd. San Antonio, TX 78216

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/19/2002

Full name of contributor

Pat Frost



out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

604 Garraty Road San Antonio, TX 78209

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/2/2002

Full name of contributor

J. R. Reed



out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

7317 Ashton Place San Antonio, TX 78229

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9/2/2002

Full name of contributor

Bert Pfister



out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

144 E. French Pl San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

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ACCOUNT # (Ethics commission filers)

Date

8/1/2002

Full name of contributor

Al Moursund

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

2515 McCullough San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/1/2002

Full name of contributor

Ronnie Dausin

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

8007 NE Loop 410 San Antonio, TX 78219

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/1/2002

Full name of contributor

Chris Carson

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

1138 E. Commerce San Antonio, TX 78205

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/30/2002

Full name of contributor

Richard Kardys

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

417 Ridgemont Ave. San Antonio, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/10/2002

Full name of contributor

Bill Lyons, Jr.

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

720 Castano Ave. San Antonio, TX 78209

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/25/2002

Full name of contributor

Tom Frost

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 1600 San Antonio, TX 78296

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/23/2002

Full name of contributor

Richard Evans

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

315 Terrell Road San Antonio, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/1/2002

Full name of contributor

Joe Finley

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 9 Encinal, TX 78019

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/2/2002

Full name of contributor

Walter Embrey

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1100 NE Loop 410 #900 San Antonio, TX 78209

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/1/2002

Full name of contributor

William Balthrope

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

4242 N. Pan Am Expwy San Antonio, TX 78218

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

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ACCOUNT # (Ethics commission filers)

Date

7/31/2002

Full name of contributor

Leo Perron

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3707 N St. Mary's #201 San Antonio, TX 78212

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/23/2002

Full name of contributor

Texas Bell Employee PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1616 Guadalupe #501 Austin, TX 78701

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/30/2002

Full name of contributor

Mike Birnbaum

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

70 NE Loop 410 #750 San Antonio, TX 78216

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/31/2002

Full name of contributor

Charles Wiseman

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3023 Ironstone Ct. San Antonio, TX 78230

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/30/2002

Full name of contributor

Baltazar Serna, Jr.

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

120 Villita San Antonio, TX 78205

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/5/2002

Full name of contributor

Bob Coleman

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

615 Urban Loop San Antonio, TX 78204

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/19/2002

Full name of contributor

Turner, Collie & Braden PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 130089 Houston, TX 77219

Amount of
contribution (\$)

\$80.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/29/2002

Full name of contributor

Raba-Kistner PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 690287 San Antonio, TX 78269

Amount of
contribution (\$)

\$110.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/15/2002

Full name of contributor

Parsons, Brinckerhoff, PAC

☒ out-of-state PAC (ID# 00287023)

Contributor address; City; State; Zip Code

One Penn Plaza New York, NY 10119

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/2/2002

Full name of contributor

Randy Dym

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

17117 Redland Road San Antonio, TX 78247

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/19/2002

Full name of contributor

Pamela Bain

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1026 Central Parkway S San Antonio, TX 78216

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/19/2002

Full name of contributor

LAN-PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1500 City West Blvd. 10th Fl Houston, TX 77042

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/24/2002

Full name of contributor

Jesse Covarrubias

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

204 Shalimar San Antonio, TX 78213

Amount of
contribution (\$)

\$60.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/16/2002

Full name of contributor

Richard Vensas

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

2918 Old Ranch Road San Antonio, TX 78217

Amount of
contribution (\$)

\$70.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/22/2002

Full name of contributor

Brenda Vickrey Johnson

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

13055 Hunters Circle N San Antonio, TX 78230

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/30/2002

Full name of contributor

Don Durden

☐ out-of-state PAC (ID# _____)

Contributor address; City, State; Zip Code

411 FM 473 Comfort, TX 78013

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/30/2002

Full name of contributor

Sam Barshop

☐ out-of-state PAC (ID# _____)

Contributor address; City, State; Zip Code

900 Isom Road #300 San Antonio, TX 78216

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/30/2002

Full name of contributor

Bill Kaufman

☐ out-of-state PAC (ID# _____)

Contributor address; City, State; Zip Code

230 Country Lane San Antonio, TX 78209

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/2/2002

Full name of contributor

Harris Connell

☐ out-of-state PAC (ID# _____)

Contributor address; City, State; Zip Code

3311 Falling Brook San Antonio, TX 78258

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/31/2002

Full name of contributor

USAA Group PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City, State; Zip Code

USAA Building F-3-E San Antonio, TX 78288

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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The instruction guide explains how to complete this form.

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/23/2002

Full name of contributor

Valero PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 500-MS-3G San Antonio, TX 78292

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/7/2002

Full name of contributor

Marty Wender

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

8023 Vantage Dr. #200 San Antonio, TX 78230

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

Loeffler, Jonas & Tuggey

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

755 E. Mulberry #200 San Antonio, TX 78212

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/30/2002

Full name of contributor

Robert Rosenthal

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

721 Corona San Antonio, TX 78209

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Tom Loeffler

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

150 Thelma San Antonio, TX 78212

Amount of contribution (\$)

\$600.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/6/2002

Full name of contributor

Bill Barnes

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

755 E. Mulberry #200 San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/1/2002

Full name of contributor

Tim Tuggey

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

755 E. Mulberry #200 San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/5/2002

Full name of contributor

Mary Kelly

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3450 Hunters Circle San Antonio, TX 78230

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/28/2002

Full name of contributor

Rob Finney

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

138 Harriet Dr. San Antonio, TX 78212

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

SA Firefighters PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

8925 IH 10 West San Antonio, TX 78230

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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FILER NAME

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ACCOUNT # (Ethics commission filers)

Date

8/7/2002

Full name of contributor

Murray Vaneman

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3103 Stoney Leaf San Antonio, TX 78247

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/5/2002

Full name of contributor

Goode, Casseb Jones Riklin Choate Watson

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

P.O. Box 120480 San Antonio, TX 78212

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/5/2002

Full name of contributor

GSABA - PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

10430 Gardendale San Antonio, TX 78230

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

Law Office of David Fritsche

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

921 Proton Road San Antonio, TX 78258

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/19/2002

Full name of contributor

Cyndi Taylor Krier

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

106 S. St. Mary's #800 San Antonio, TX 78205

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 8/7/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Schwartz Contributor address; City; State; Zip Code 300 Alamo #200 San Antonio, TX 78205	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
------------------	---	--	--

Principal occupation (Optional)

Employer (Optional)

Date 8/7/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ernest Bromley Contributor address; City; State; Zip Code 104 E. Elsmere San Antonio, TX 78212	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
------------------	---	--	--

Principal occupation (Optional)

Employer (Optional)

Date 8/7/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.D. Pauerstein Contributor address; City; State; Zip Code 301 Hill Country Ln. San Antonio, TX 78232	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
------------------	--	--	--

Principal occupation (Optional)

Employer (Optional)

Date 8/7/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Jonas, III Contributor address; City; State; Zip Code 755 E. Mulberry #200 San Antonio, TX 78212	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
------------------	---	--	--

Principal occupation (Optional)

Employer (Optional)

Date 8/7/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rene Wender Contributor address; City; State; Zip Code 11745 Mill Rock Road San Antonio, TX 78230	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
------------------	--	--	--

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

2003 JAN 15 P 12:51

The instruction guide explains how to complete this form.

Total pages Schedule A1:

Page 24 of 27

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/7/2002

Full name of contributor

Doug Beach

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

217 Alamo Plaza #300 San Antonio, TX 78205

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

Milton Guess

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

800 Navarro #210 San Antonio, TX 78205

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

George Windrow

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1415 Blackbird Lane San Antonio, TX 78248

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

Charles Amato

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

9311 San Pedro #600 San Antonio, TX 78216

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

George Vaughn

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

13803 Bluffmont San Antonio, TX 78216

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

The instruction guide explains how to complete this form.

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/7/2002

Full name of contributor

Steve Pritchard

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

701 Ivy Lane San Antonio, TX 78209

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

Steven Marks

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1219 Asherton Way San Antonio, TX 78258

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

Luis Ramones

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

18411 Rogers Pass San Antonio, TX 78258

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

John Montford

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1 Buckingham Court San Antonio, TX 78257

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Greg Prescott

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1942 Far Niente San Antonio, TX 78258

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

The instruction guide explains how to complete this form.

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/7/2002

Full name of contributor

Brad Davis

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

11434 Whisper Dawn San Antonio, TX 78230

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/7/2002

Full name of contributor

Paul Denham

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

22430 Sierra Blanca San Antonio, TX 78259

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7/18/2002

Full name of contributor

Linebarger, Goggan Blair & Sampson

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

711 Navarro #300 San Antonio, TX 78205

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Roger Hill, Sr.

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

210 W. Lynwood San Antonio, TX 78212

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/2/2002

Full name of contributor

Bury + Partners

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

10000 San Pedro#100 San Antonio, TX 78216

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE A1**

The instruction guide explains how to complete this form.

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Total pages Schedule A1:

Page 27 of 27

FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

8/6/2002

Full name of contributor

Kenneth Wolf

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

17118 Spotted Eagle San Antonio, TX 78248

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Paul Ruckman

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

1807 Shoal Run San Antonio, TX 78232

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Jimmie Thurmond, III

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

105 Montclair Ave. San Antonio, TX 78209

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8/6/2002

Full name of contributor

Sam Dawson

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

3802 Mill Court San Antonio, TX 78230

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/10/2002

Full name of contributor

GSABA- PAC

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

10430 Gardendale San Antonio, TX 78229

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Parsons Brinckerhoff, Inc. PAC		2. DATE December 28, 1993
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) One Penn Plaza		3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code New York, NY 10119		4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

2003 JAN 15 P 12:51

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☒ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Parsons Brinckerhoff, Inc.	One Penn Plaza New York, NY 10119	Connected

Type of Connected Organization

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Robert Prieto	One Penn Plaza, New York, NY 10119	Assistant Treasurer

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
James L. Lammie	One Penn Plaza, New York, NY 10119	Treasurer
Robert Prieto	One Penn Plaza, New York, NY 10119	Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Chase Manhattan Bank, N.A.	410 Park Avenue, New York, NY 10022

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER James L. Lammie	SIGNATURE OF TREASURER 	DATE 12-28-93
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

				For further information contact: Federal Election Commission Toll-free 800-424-9530 Local 202-376-3120
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FEC FORM 1
(revised 4/87)

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Parsons Brinckerhoff Inc. PAC

(b) Number and Street Address

2003 JAN 15 PM 12:51

One Penn Plaza

(c) City, State and ZIP Code

New York, NY 10119

2. FEC IDENTIFICATION NUMBER

C00287003

3. TYPE OF COMMITTEE (check one)

☐ STATE PARTY☒ OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

- (a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Eddie Bernice Johnson	House Candidate	Texas/30th Dist.	1/27/94
(ii)	Martin Frost	House Candidate	Texas/24th Dist.	1/27/94
(iii)	Ron Coleman	House Candidate	Texas/16th Dist.	2/1/94
(iv)	Barbara Vucanovich	House Candidate	Nevada/2nd Dist.	2/9/94
(v)	Joe Barton	House Candidate	Texas/6th Dist.	2/14/94

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: June 21, 1994.

- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: December 28, 1993.

- (d) **Qualification:** The committee met the above requirements on: June 21, 1994.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

Robert Prieto, Assistant Treasurer

June 30, 1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-219-3420

FEC FORM 1M

(9/93)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL Parsons Brinckerhoff Inc. PAC	<input type="checkbox"/> (Check if name is changed)	2. DATE 2/1/96
(b) Number and Street Address One Penn Plaza	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number C00287003
(c) City, State and ZIP Code New York, NY 10119	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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CITY OF SAN ANTONIO
CITY CLERK

2003 JAN 15 P 12:51

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Mailing Address Title or Position

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Mailing Address Title or Position

Robert Prieto One Penn Plaza NY, NY 10119 Treasurer

James L. Lammie One Penn Plaza NY, NY 10119 Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. Mailing Address and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Robert Prieto	SIGNATURE OF TREASURER <i>Robert Prieto</i>	DATE 2/1/96
---	--	-----------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE5AN045

FEC FORM 1
(revised 4/87)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Parsons Brinckerhoff Inc. PAC		2. DATE 1/6/97
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) One Penn Plaza		3. FEC IDENTIFICATION NUMBER C00287003
(c) City, State and ZIP Code New York, NY 10119		4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Catherine Connor	One Penn Plaza New York, NY 10119	Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
--------------------------------	------------------------------

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Robert Prieto	SIGNATURE OF TREASURER <i>Robert Prieto</i>	DATE 1/6/97
--	--	----------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

				For further information contact: Federal Election Commission Toll-free 800-424-9530 Local 202-376-3120
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FEC FORM 1
(revised 4/87)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1. (a) NAME OF COMMITTEE IN FULL Parsons Brinckerhoff Inc. PAC	<input type="checkbox"/> (Check if name is changed)	2. DATE 2/3/00
(b) Number and Street Address One Penn Plaza	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number C00287003
(c) City, State and ZIP Code New York, NY 10119		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.	Title or Position
Full Name	Mailing Address

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).	Title or Position
Full Name	Mailing Address
Stephen Losi	One Penn Plaza New York, NY 10119 Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.	Mailing Address and ZIP Code
Name of Bank, Depository, etc.	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER
Robert Prieto

SIGNATURE OF TREASURER

DATE

2/8/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-694-1100

FE9AN114PDF

FEC FORM 1
 (revised 4/87)

POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The instruction guide explains how to complete this form.

Total pages Schedule F:

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/1/02

Payee name

Allison Greer

Amount

(\$)

\$64.70

Payee address; City; State; Zip Code

1723 Typhoon San Antonio, TX 78248

Purpose of payment (See instructions regarding type of information required.)

Reimb./Supplies

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/7/02

Payee name

U.S. Postmaster

Amount

(\$)

\$179.00

Payee address; City; State; Zip Code

10250 John Sanders San Antonio, TX 78246

Purpose of payment (See instructions regarding type of information required.)

Postage & Box Renewal

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/7/02

Payee name

Cingular Wireless

Amount

(\$)

\$124.80

Payee address; City; State; Zip Code

P.O. Box 4460 Houston, TX 77097

Purpose of payment (See instructions regarding type of information required.)

Monthly Service/June

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/7/02

Payee name

Office Depot

Amount

(\$)

\$49.61

Payee address; City; State; Zip Code

13404 San Pedro San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Labels, posters for fundraiser

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The instruction guide explains how to complete this form.

Total pages Schedule F:

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date

7/27/02

Payee name

U.S. Postmaster

Amount
(\$)

\$222.00

Payee address; City; State; Zip Code

10250 John Sanders San Antonio, TX 78246

Purpose of payment (See instructions regarding type of information required.)

Postage

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

7/12/02

Payee name

Cingular Wireless

Amount
(\$)

\$38.30

Payee address; City; State; Zip Code

P.O. Box 4460 Houston, TX 77097

Purpose of payment (See instructions regarding type of information required.)

Monthly Service/July

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/7/02

Payee name

Black Tie Catering

Amount
(\$)

\$1,361.52

Payee address; City; State; Zip Code

258 Deerwood San Antonio, TX 78209

Purpose of payment (See instructions regarding type of information required.)

Catering for Fundraiser

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

8/7/02

Payee name

Nathan Sanderson

Amount
(\$)

\$30.00

Payee address; City; State; Zip Code

819 Karen Dr. San Antonio, TX 78218

Purpose of payment (See instructions regarding type of information required.)

Contract Labor for Fundraiser

**Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The instruction guide explains how to complete this form.

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 8/7/02	Payee name Armando Garza Payee address; City; State; Zip Code 219 Edgebrook San Antonio, TX 78212	Amount (\$) \$30.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor for Fundraiser		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/12/02	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$45.20
Purpose of payment (See instructions regarding type of information required.) Reimb./Paper & Copies		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/12/02	Payee name Saglimbeni Sales Payee address; City; State; Zip Code 628 W. Rhapsody San Antonio, TX 78216	Amount (\$) \$168.65
Purpose of payment (See instructions regarding type of information required.) Host Appreciation Gifts		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/12/02	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097	Amount (\$) \$38.38
Purpose of payment (See instructions regarding type of information required.) Monthly Service/Aug.		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 8/30/02	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/18/02	Payee name MLC Marketing Payee address; City; State; Zip Code 255 Claywell San Antonio, TX 78209	Amount (\$) \$441.24
Purpose of payment (See instructions regarding type of information required.) Invitations for Fundraiser		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/30/02	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097	Amount (\$) \$77.60
Purpose of payment (See instructions regarding type of information required.) Monthly Service/Sept.		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/20/02	Payee name Jason's Deli Payee address; City; State; Zip Code 25 NE Loop 410 San Antonio, TX 78216	Amount (\$) \$84.92
Purpose of payment (See instructions regarding type of information required.) Luncheon		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 9/18/02	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$116.60
Purpose of payment (See instructions regarding type of information required.) Reimb./Flowers, Office Supplies		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/02	Payee name Overstreet Photography Payee address; City; State; Zip Code 8126 Broadway San Antonio, TX 78209	Amount (\$) \$80.91
Purpose of payment (See instructions regarding type of information required.) Reprints		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/02	Payee name MLC Marketing Payee address; City; State; Zip Code 255 Claywell San Antonio, TX 78209	Amount (\$) \$169.71
Purpose of payment (See instructions regarding type of information required.) Stationary		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/02	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097	Amount (\$) \$87.73
Purpose of payment (See instructions regarding type of information required.) Monthly Service/Oct.		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 11/12/02	Payee name Carroll Schubert Payee address; City; State; Zip Code P.O. Box 460455 San Antonio, TX 78246	Amount (\$) \$433.99
Purpose of payment (See instructions regarding type of information required.) Reimb./Hall of Fame Trip		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/12/02	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097	Amount (\$) \$66.81
Purpose of payment (See instructions regarding type of information required.) Monthly Service/Nov.		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/20/02	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$82.97
Purpose of payment (See instructions regarding type of information required.) Reimb./Staff Lunches		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/30/02	Payee name U.S.Postmaster Payee address; City; State; Zip Code 10250 John Sanders San Antonio, TX 78246	Amount (\$) \$222.00
Purpose of payment (See instructions regarding type of information required.) Postage for Direct Mail		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 12/6/02	Payee name R.S.V.P. Payee address; City; State; Zip Code 255 E. Basse Road San Antonio, TX 78209	Amount (\$) \$518.88
Purpose of payment (See instructions regarding type of information required.) Direct Mail		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/10/02	Payee name Quarry Golf Club Payee address; City; State; Zip Code 444 E. Basse Road San Antonio, TX 78209	Amount (\$) \$1,433.59
Purpose of payment (See instructions regarding type of information required.) D-9 Alliance Holiday Reception		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/11/02	Payee name Cingular Wireless Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097	Amount (\$) \$73.63
Purpose of payment (See instructions regarding type of information required.) Monthly Service/Dec.		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/11/02	Payee name Nicole Fowles Payee address; City; State; Zip Code San Antonio, TX	Amount (\$) \$14.86
Purpose of payment (See instructions regarding type of information required.) Reimb./Nametags, batteries		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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FILER NAME

Carroll W. Schubert

ACCOUNT # (Ethics commission filers)

Date 12/11/02	Payee name Allison Greer Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	Amount (\$) \$32.78
Purpose of payment (See instructions regarding type of information required.) Reimb./Invitations		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/20/02	Payee name Piatti Payee address; City; State; Zip Code 255 E. Basse San Antonio, TX 78209	Amount (\$) \$109.94
Purpose of payment (See instructions regarding type of information required.) Staff Lunch		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/31/02	Payee name Linebarger, Goggan Blair & Sampson Payee address; City; State; Zip Code 711 Navarro #300 San Antonio, TX 78205	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Refund of Campaign Contribution		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name . . Payee address; City; State; Zip Code . .	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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1 Total pages Schedule G:

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2 FILER NAME

Carroll W. Schubert

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/16/02	5 Payee name Hyatt Regency Dallas	8 Amount (\$) \$215.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address; City; State; Zip Code 300 Reunion Blvd. Dallas, Texas 75207	
	7 Purpose of expenditure (See instructions regarding type of information required.) Hotel Stay for Hall of Fame Dinner	
Date 10/16/02	Payee name Southwest Airlines	Amount (\$) \$198.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code P.O. Box 36611 Dallas, Texas 75235	
	Purpose of expenditure (See instructions regarding type of information required.) Airline Ticket for Hall of Fame Dinner	
Date 10/17/02	Payee name King Cab Company	Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code 10920 Indian Trail #201 Dallas, Texas 78229	
	Purpose of expenditure (See instructions regarding type of information required.) Cab Fare for Hall of Fame Dinner	
Date	Payee name	Amount M
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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